



OFFICE USE ONLY

Registration No:

Date:

LODGEMENT OF APPLICATION

Council: Monday-Friday, 8:00am-4:30pm
Auburn Service Centre - 1 Susan Street, Auburn NSW 2144
Merrylands Service Centre - 16 Memorial Avenue, Merrylands NSW 2160

Mail: The General Manager, Cumberland City Council, PO Box 42, Merrylands NSW 2160

Email: council@cumberland.nsw.gov.au

Business Trading Details

Trading Name:

Business ABN:^

^Note: If Trust, require Trustee ABN/details as well

Business Owner Name^^:

^^Note: This must be an individual's name (sole trader) OR a corporation name (e.g. XYZ Pty Ltd)

2. Shop Details

Person in charge of business (if not the Business Owner):

Phone Number:

Mobile No:

Emergency Contact No:

Email Address:

Shop Address:

Unit no:

House no:

Street:

Suburb:

Postcode:

3. Address for service of Correspondence (including Notices and Letters)

Postal Address:

Unit no:

House no:

Street:

Suburb:

Postcode:

Size of Food Business (select one option only):

How many full time equivalent staff do you employ?

Large Food Service – Employs more than 51 people

Medium Food Service – Employs 6-50 people

Small Food Service – Employees 1 – 5 people

Primary Business Type (select the most appropriate one):

<input type="checkbox"/>	Bakery Retail (hot bread, cakes)	<input type="checkbox"/>	Licensed Club
<input type="checkbox"/>	Canteen/Kitchen (School/Sports Ground)	<input type="checkbox"/>	Manufacturer/Processor (Food)
<input type="checkbox"/>	Caterer (Onsite/Offsite)	<input type="checkbox"/>	Meals on Wheels
<input type="checkbox"/>	Charitable Community Organisation	<input type="checkbox"/>	Newsagent/Pharmacy/Tobacconist
<input type="checkbox"/>	Childcare Centre	<input type="checkbox"/>	Nursing Home
<input type="checkbox"/>	Delicatessen	<input type="checkbox"/>	Pub/Tavern
<input type="checkbox"/>	Food Distributor	<input type="checkbox"/>	Restaurant/Café
<input type="checkbox"/>	Fruit & vegetable Retail	<input type="checkbox"/>	Seafood Retail
<input type="checkbox"/>	Grocery Retail	<input type="checkbox"/>	Service Station
<input type="checkbox"/>	Health Activity/Delivery (Food)	<input type="checkbox"/>	Supermarket
<input type="checkbox"/>	Hospital Kiosk/Canteen	<input type="checkbox"/>	Takeaway Foods
<input type="checkbox"/>	Hotel/Motel/Guesthouse/Bed & Breakfast	<input type="checkbox"/>	Other. Specify: <input type="text"/>

Applicant Authority

I hereby notify Cumberland City Council of the above information, and declare the information provided to be correct.

Applicant's Signature: Date:

Applicants Name:

Privacy

The personal information that you have provided in this Form is for Council purposes only.